

Zaid-Kaylani, Samer

From: Mattamal, Raphael
Sent: Sunday, December 05, 2021 3:02 PM
To: Alapati, Srilatha; Bhaskaran, Smita
Cc: Zaid-Kaylani, Samer; Herrick, Shannon; Faircloth, Johnnie; Arawiran, Jenda; Steans, Stacy; Lunsford, Alison; Griffin, Mandy
Subject: Re: Urgent and highly confidential

Hi all,

I am not happy to vote Yes on this, but I second Dr. Bhaskaran's comment. Most other programs would have terminated his employment by now. Dr. McLaurin-Jiang and Dr. Leverton have asked me repeatedly why he has not been terminated by the program yet, and I honestly don't have a good answer for them.

of a resident who did have quite a bit of issues, but did pretty well on the pediatric rotation to the point that I wrote a letter to the Amarillo program at his request supporting a probationary period rather than termination. I still think about him from time to time. Mostly because I think I would rather have him on service rather than Zane sometimes, and that's saying something. I've tried not to make it personal and have been much more patient with him than I would be with other residents.

This is not a decision to be taken lightly. I think it would have been better to rip the Band-Aid off a year or two ago, but here we are in the "home stretch" of his residency. He is not fit at this time for fellowship, and certainly not for independent attending physician practice. Whether this is due to a medical issue, psychiatric issue, or severe personality deficit, I don't know and honestly don't care at this stage. We are doing a disservice to our patients, our other residents, and our resident's future fellowship prospects (in that he would be a poison pill to any program that actually takes him for future Tech residents) by keeping him in our employ.

If this committee does not choose to put him on probation or termination, I will continue to work with Zane if he is posted to my team. But it is exceptionally unlikely at this stage that I will ever trust him.

Thanks,
Raph

Raphael J. Mattamal, MD, FAAP [He/Him/His]
Pediatric Hospitalist / Assistant Professor
Chief of the Department of Pediatrics - NWTHS

raphael.mattamal@ttuhsc.edu

Privacy / Confidentiality Notice: This message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

From: Alapati, Srilatha
Sent: Sunday, December 5, 2021 3:00:19 PM
To: Bhaskaran, Smita
Cc: Zaid-Kaylani, Samer; Herrick, Shannon; Faircloth, Johnnie; Arawiran, Jenda; Steans, Stacy; Lunsford, Alison; Mattamal, Raphael; Griffin, Mandy
Subject: Re: Urgent and highly confidential

Hi Samer,
In keeping the safety of the patients, I vote yes for probation. I do agree that we had given him multiple chances to improve and still showed no improvement. This is not appropriate level of care for a third year resident. At least here he has faculty/ other residents to find his mistakes and rectify them in time to save the patients, but worried even more about the safety of the patients after graduation.

Srilatha.

Thank you

Sent from my iPhone

On Dec 5, 2021, at 2:46 PM, Bhaskaran, Smita <Smita.Bhaskaran@ttuhsc.edu> wrote:

Dear Dr.Kaylani,

I vote Yes to proceed with probation/termination. We have made enough and more accommodations for him than any Program would have.

As I have said before, I worry about our patients that will be placed under his care.

Thanks,

Smita

On Dec 5, 2021, at 2:25 PM, Zaid-Kaylani, Samer <Samer.Zaid-Kaylani@ttuhsc.edu> wrote:

Dear CCC members,

I am calling for an urgent vote on placing Dr Zane Grodman on immediate probation with possible path to termination. Multiple incidences have occurred and with major concerns occurring in his call coverage yesterday.

Dr Grodman was on call yesterday Saturday 12/4/2021, this is a call he had chosen to take for _____ who was going to take his call later on in the month. He has been aware of this call for months now. He is currently on a light rotation with Neurology.

During the daytime he had an unusual finding by Dr Mattamal of not going into the patients' rooms during rounds and staying outside while rounding with the faculty. The service was not busy at that time and he actually was told to go into the room as one of the patients was his own CC patient whose the parent was asking for. That evening we had multiple admissions on my service and the GenPeds service. He seemed to have handled these initially well however, it was reported by the night nurses that he stayed in the resident call room and didnt come out during the night to support his intern.

One of the outside ERs called Dr Mattamal about a patient with fever and severe anemia (One of the hemonc patients with severe hemolysis due to Elliptocytosis), Myself and Dr Mattamal discussed a detailed plan that we both

agreed on for this child and this was discussed with Dr Grodman, this included fluid replacement/transfusion/antibiotics. I had stressed to him that this child is very sick and unless addressed immediately may have a bad outcome. Child's Hg was 7.6, CRP 230, UA positive for WBCs and nitrite. Patient was admitted at 1:40, given a bolus, no further fluids written, no antibiotics written, patient doesn't look like any re-evaluation done. I received a text by Dr Mattamal this morning at 7:15 that the patient never received any antibiotics (today's senior "second year resident" felt it was weird she was not on antibiotics so called the attending to check), I arrived at the hospital at 7:40 and saw the patient in warm shock status (HR 170, BP 100/50, pale looking with the blood had just finished. No fluids were given after the initial bolus. Antibiotics were still not given although they were now in the room as the new senior had ordered them. Patient needed multiple lines for multiple urgent infusions however due to her clinical status Jill (one of our most senior nurses) couldnt get an IV, child was moved immediately to the PICU, more fluids given urgently and then more access obtained, antibiotics given and child showed improvement in her clinic status, Hg post transfusion with a total of 22 ml/kg transfused only went to 8 (from 7) due to active hemolysis. Patient was febrile during the whole morning period. Luckily this patient will be ok, lots of red flags in management.

At the same time I witnessed the new senior being called to another room because the patient that was admitted last night with AGE like picture and dehydration was peeing very dark urine (as per the nurse looked like thick cheese!), patient had got one bolus only and then placed on maintenance with no re-evaluation noted for response post admission.

Minutes later tthe resident was called to a third child who was vomiting bile for possible intestinal obstruction on the surgery service, similarly patient was on maintenance only.

About one week ago, Zane entered the seizure medication for a child into Allscripts as a documentation. The dose was 4 times the dose he was actually on, Isreal was asked to refill the medication for the patient sometime later, Luckily Mireya somehow caught the mistake and the medication was never refilled at the wrong dose.

About two weeks ago, one of the mother's of a baby complained to Dr Leverton about Zane being very rude to her and trying to forcefully retract the foreskin on her 2 week old baby despite her asking him repeatedly not to do it.

On his last call with Dr Leverton about 1.5 months ago, there were multiple issues that were raised, one baby less than 1 month of age was admitted, only fluids placed on the baby, Dr Grodman mentioned he was not aware of the child having fever despite the night nurse repeatedly questioning him why the child was not getting antibiotics with the fever! When he called the attending about the child he didnt mention the child had a fever. The attending found out about the fever in the morning when the new senior resident informed him and did the appropriate work up needed and therapy. Dr Grodman also discharged a patient

with asthma home from the ER without notifying Dr Leverton or discussing the case with him, this happened despite having Dr Leverton being at the hospital in the nursery at the time. During that call, he was in the call room and failed to respond to Dr Bhaskaran's phone calls about a patient being admitted and she had to ask the nurse to knock on the door to wake him up. He was apologetic about the incident though.

I am not sure what is going on with Zane since he came back from Dallas in September but repeated concerns have been voiced by residents/faculty and nurses. I am worried about the safety of patients under his care. I think he is a dangerous resident.

I ask everyone to go ahead and vote for immediate placement in probation status with possible eventual decision for termination. We will discuss the case further with the GME administration.

Sincerely,

**Samer Zaid Kaylani, MD, FAAP
Pediatric Program Director
Associate Professor of Pediatrics**